APPLICATION FOR HOUSING-WITH-CARE

Please complete and return to:

Director of Care Services
FOLD HOUSING ASSOCIATION
3-6 Redburn Square
HOLYWOOD
BT18 9HZ

This form affords you, the Applicant the opportunity to explain your circumstances and reasons for applying for Housing-with-Care. On receipt of your completed application form, a member of our staff will make arrangements to visit you to explain more fully the nature of Housing-with-Care and the assessment process.

This Association allocates Housing-with-Care dwellings in accordance with a Lettings Policy approved by The Department for Social Development. Allocations are made on the basis of greatest assessed need.

All information given by you on this form will be strictly confidential.
Name of Housing-with-Care Scheme you are interested in:

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Name of Applicant:

Mr/Mrs/Miss ….................................................................

Present Address ..............................................................

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........................................... Telephone No. .................

Date of Birth .................................................................

National Insurance No ......................................................

PLEASE TELL US WHY YOU WOULD LIKE TO APPLY FOR HOUSING-WITH-CARE:

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(Please tick the boxes which describe your present housing circumstances).

**Are You:**

1. A Housing Executive Tenant ☐ ☐
2. A Housing Association Tenant ☐ ☐
3. A Tenant of a Private Landlord ☐ ☐
4. Living with friends/relatives ☐ ☐
5. In Lodgings ☐ ☐
6. An Owner Occupier ☐ ☐
7. Other – Please specify ________________ ☐ ☐

**Is your accommodation in:**

1. A Sheltered Housing Scheme ☐ ☐
2. A Residential Home ☐ ☐
3. A Nursing Home ☐ ☐
4. A Hospital ☐ ☐
5. General Housing ☐ ☐
6. Other ☐ ☐

How long have you lived at this address? ________________

IF YOUR PRESENT HOME IS UNSUITED TO YOUR NEEDS PLEASE TELL US WHY

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FINANCE
Do you have any savings? Yes/No
If yes how much? £ _______

(By savings we mean money in banks, building societies, Post Office, National Savings Bank, Savings Certificates, Premium Bonds, Shares and other investments, and cash kept at home).

Property
Do you own your own home? Yes/No
If yes, what is the approximate value? £ _______
Is it on a mortgage or loan? Yes/No
If yes, how much still has to be paid off? £ _______

Income
Please state your average weekly income £ _______
Please indicate how this amount is made up:-
Retirement Pension £ _______
Benefits £ _______
(please specify)
Other Pensions £ _______ Other Income £ _______
To be signed by the Applicant/Applicant’s Representative:

I declare that to the best of my knowledge the information given in this application is true.

Date ........................ Signature ............................................

Application form completed by:-

Name:

Address:

Telephone Number:

Relationship to Applicant:

Correspondence to be addressed to:
(if different from above)